Department Agency Number	450	Contact Name			George A. Patte	rson	, Director, Dept	of P	Property Manage	eme	ent				
Department															
		Contact Number			Pipungunga (		504-658-360								
Date		Contact E-Mail		,		9	Sapatterson@no	ola.g	ov						
	Department	Prioirty Criteria													
Request #	Ranking	Ranking	Project Name	Р	roject Amount		2017		2018		2019		2020		2021
1	1	141	Citywide Building Repairs	\$	10,000,000.00	\$	2,000,000.00	\$	2,000,000.00	\$	2,000,000.00	\$	2,000,000.00	\$	2,000,000.00
			City Hall & City Council Bldg. Fire Alarm			11 11									
2	2	141	/Monitoring Systems	\$	500,000.00	\$	500,000.00	\$	-	\$	-	\$	-	\$	-
			Civil District Court Fire Alarm & Monitoring												
3	3	126	System	\$	350,000.00	\$	350,000.00	\$		\$	-	\$	-	\$	-
4	4	138	NOFD HVAC Emergency repairs and equipment replacement	\$	1,750,000.00	\$	350,000.00	\$	350,000.00	\$	350,000.00	\$	350,000.00	\$	350,000.00
5	<u></u>	422	Replace NOFD Fire								330,000.00		330,000.00	•	330,000.00
2	5	132	Stations Driveways	\$	710,000.00	\$	355,000.00	\$	355,000.00	\$	-	\$	-	\$	-
6	6	138	NOFD Apparatus Heaters	\$	250,000.00	\$	125,000.00	\$	125,000.00	\$		\$	_	\$	_
7	7	132	Replace HVAC System(s) at Algiers Carriage House	\$	250,000.00	ė	250,000,00	ė		ć		۸.			
8	8	138	Gallier Hall Sprinkler	\$	300,000.00		250,000.00 300,000.00	<u>\$</u> \$		\$	-	\$		\$	
9	0	7 0	0	\$	300,000.00	\$	300,000.00	\$		\$		\$		\$	-
10	0	-/0	0	\$		4		<del>- 3</del>		\$		\$		\$	-
TOTAL	_			\$	14,110,000.00	4	4,230,000.00	\$	2,830,000.00	\$	2,350,000.00	\$	2,350,000.00		2,350,000.00

Department

Head Signature

**Printed Name** 

Date

George A. PAHERON

	What Benefit(s) will be provided to Public from this project? Public from this project?  Is the surrounding infrastructure(i.e. utilities, foad network) sufficient to support the intended use of the surport the intended use of the	Does the project improve runoff water guality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted, if no, please describe any negative impacts, and the area impacted.	Does this project tall in line with the current Zoning requirements  current Zoning requirements  Please discuss how the project conforms to objectives and recommendations of the Masker Plant recommendations of the Masker Plant	Estimated Cost of Project. (include Design, Construction, Testing, Contingency, etc.)	Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	Has an Architect or Engineer prepared drawings for this project?	Five Year Summary	Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Project Address	Will this project be a permanent immovable improvement?	Project Type	Project Name	Agency Number	
Be a Land acquisition needed? (V/M)  Does the request meeded? (V/M)  Obligation bond requirement?  Council District  No  Please produce estimate of Incresses or after year period.  If Yes please, explain how this was funded and current status  Bond Fundas  Bo			Yes		No	N <sub>0</sub>	Funding	Citywide emergency building re	Citywide		Repairs	Citywide Building Repairs	450	Capital Buo
y buildi	2017 2018 2018 2018 2019 2023 2023 please discuss required ements and estimated costs		If no please list required change	Proposed Funding Source	Please provide estimate of increase or decrease operating costs.	If Yes please explain how this was funded and current status	to address emergency building repairs for a five year period.	epairs to maintain HVAC, electrical, plumbing, and roofing systems at City building.	Cour	equest meet the General on Bond requirement?	acquisition needed?	partment Priority Rankin	O Property Management	Capital Budget Request Form

		Capital Budget Request Priority Rating Form
Agency Number	Blank	Department Name Blank
Project Name	Citywide Building Repairs	Department Priority Ranking
Categories	Rating	Score
Public Health and Safety	æ	6
External Requirements	ო	6
Profection of Capital Stock		ce
Economic Development	i m	6
Operating Budger		·c
Life Expectancy of Project	i m	6
int of Population Served by Project	m	6
Relation to dopted Plans	2	9
Intensity of Use	m	6
Scheduing	m	6
Benefit/Cost	2	9
Potential for Duplication	2	9
Availability of Financing		. 6 .
Special Need	2	9
Entergy Consumption	2	9
Timeliness/ External	м	6
Public Support	6	6
Environmental Quality and Stormwater Management	9	6
TOTAL Ranking	47	161

What Benefit(s) will be provided to Public from this project?  Public from this project?  Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	Please discuss how the project conforms to objectives and recommendations of the Master Plan-	Does this project fall in line with the Y current Zoning requirements	Estimated Cost of Project (include Design, Construction, Testing, Contingency, etc.)	Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	Has an Architect or Engineer prepared No drawings for this project?	Five Year Summary	Detailed Summary: Include Scope of work, parking requirements, Silandscaping, etc.	Project Address 1	Will this project be a permanent y immovable improvament?	Project Type E	Project Name	Agency Number	
Safety compliance		s .	Yes	\$ 500,000.00	ō	ō	Replace City Hall bui	tem should include a minimum of two fire al	1300 Perdido Street	Yes	Equipment	City Hall & City Council Bldg. Fire Alarm /Mon	450	Capital Buc
For what year are you requesting the Project? 2017, 2018, 2019, 2020 or 2021? Enter amount in requested year below.  2017 2018 2019 2021 1Fno please discuss required improvements and estimated costs	N/A		If no please list required change	Proposed Funding Source Bond Funds	Please provide estimate of increase or decrease operating costs.	If Yes please explain how this was funded and current status	Replace City Hall building Fire Alarm/Monitoring system and reduce monitoring/repair cost.	stem should include a minimum of two fire alarm annunciation/control panels, zone specific monitoring and control, and non-proprietary equ	Council District C	Does the request meet the General Yes Obligation Bond requirement?	Is a land arguisition needed? (Y/N) No	Department Pric	Department Name Property Management	Capital Budget Request Form

Capital Budget Request Priority Rating Form	Juest Priority Rating Form
Agency Number	
Project Name City Hall & City Council Bldg. Fire Alarm /Mon	Department Priority Ranking
Categories Rating	(3) -7.1
Public Health and Safety	o
External Requirements	
Economic Development	
Operating Budget	
Life Expectancy of Project	
rent of Population Served by Project	
Relation to dopted Plans	
Intensity of Use	6
Benefit/ Cost	
Poycental for Duplication	
Availability of Financing	c
Entergy Consumption	٥
Timeliness/ External	6
Public Support	6
Environmental Quality and Stormwater Management	6
TOTAL Ranking	141

Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	What Benefit(s) will be provided to Public from this project?	Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	Please discuss how the project conforms to objectives and recommendations of the Master Plan:	Does this project fall in line with the varient Zoning requirements	Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	Has an Architect or Engineer prepared drawings for this project?	Five Year Summery	Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Project Address	Will this project be a permanent immovable improvement?	Project Type	Project Name	Agency Number	
Yes			8	Yes	\$ 350,000.00	No	No	Funding to purchase	Replace outdate	1300 Perdido Street	Yes	New Construction	Civil District Court Fire Alarm & Monitoring Sy	450	Capital Bud
If no please discuss required improvements and estimated costs	For what year are you requesting the Project? 2017 amount in requested yea 2017 2019 2020 2020 2020	N/A		If no please list required change	Proposed Funding Source	Please provide estimate of increase or decrease operating costs.	If Yes please explain how this was funded and current status	Funding to purchase a new non-proprietary fire alarm system for Civil District Court building.	Replace outdated fire alarm and monitoring system with non-proprietary system.	Cauncil District C	Does the request meet the General Y Obligation Bond requirement?	is a Land acquisition needed? (Y/N) N	Department Priority Ranking	Department Name	Capital Budget Request Form
	Project? 2017, 2018, 2019, 2020 or 2021? Enter requested year helow.		÷		Bond Funds			r Civil District Court building.	on-proprietary system.		Yes	No	3	Property Management	

What Benefit(s) will be provided to Public from this project?  Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explan how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	Please discuss how the project conforms to objectives and recommendations of the Master Plan:	Does this project fall in line with the current Zonting requirements	Estimated Cost of Project: (Include Design, Construction, Testing, Contingency, etc.)	Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	Has an Architect or Engineer prepared drawings for this project?	Five Year Summary	Detailed Summary, Include Scope of work, parking requirements, landscaping, etc.	Project Address	Will this project be a permanent immovable improvement?	Project Type	Project Name	Agency Number	
gency HVAC needs addressed at NOFD fire sta			Yes	\$ 1,750,000.00	No Pleas	No	Funding to res	NOFD citywide HVAC eme	Citywide	Yes	Repairs Is	NOFD HVAC Emergency repairs and equipmer	450	Capital Budget
For what year are you requesting the Project? 2017, 2018, amount in requested year below 2017 \$ 2019 \$ \$ 2019 \$ \$ 2020 \$ \$ 2021 \$ \$ \$ 2021 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	N/A		If no please list required change	Proposed Funding Source Bond Funds	Please provide estimate of increase or decrease operating costs.	Yes please exclain how this was funded and current status	Funding to respond to emergency HVAC needs at NOFD fire stations	NOFD citywide HVAC emergency repairs and equipment replacement at various fire stations.	Council District	Does the request meet the General Yes Obligation Bond requirement?	s a Land acquisition needed? (Y/N) No	Department Priority Ranking	Department Name Property	Capital Budget Request Form
2017, 2018, 2019, 2020 or 2021? Enter d year below. 350,000,00 350,000,00 350,000,00 350,000,00 350,000,00 350,000,00		,		ds			stations.	various fire stations.				4	Property Management	

Capital Budget Request Prioirty Rating Form  450 Department Name Property Management	Department Priority Ranking	Score	6 6					2		2	6	. 6			6	2 6	6	2	95:
Capital Budget Req.		Categories Rating Public Health and Safety	nal Requirements	Economic Development	Operating Budget	Life Expertancy of Project	tercent of Population Served by Project.	Relation to depted Plans	Intensity of Use	Scheduing	Benefit/Cost	Potential for Duplication	Availability of Financing	Special Need	Entergy Consumption	Timeliness/ External	Public Support	Environmental Quality and Stormwater Management	TOTAL Ranking

What Benefit(s) will be provided to Public from this project?  Public from this project?  Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?  Yes	Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please excitan how this is achieved, describing the area that is imparted. If no, please describe any negative impacts, and the area impacts and the area impacted.	Please discuss how the project conforms to objectives and recommendations of the Master Plan:	Does this project fall in line with the Yes current Zoning requirements	Estimated Cast of Project: (include Design, Construction, Testing, Contingentry, etc.)	Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	Has an Architect or Engineer prepared No drawings for this project?	Five Year Summary	Detailed Summary: Include Scope of work, parking requirements, hi landscaping, etc.	Project Address C	Will this project be a permanent (Y) immovable improvement?	Project Type R	Project Name	Agency Number	
Cost savings and reduced repair cost.			es	\$ 710,000.00	ō	ō	Replace NOF	ose weight is in excess of 30,000 pounds. It i	Citywide NODF Fire Stations	Yes	Repairs	Replace NOFD Fire Stations Driveways		
For what year are you requesting the Project? 2017, 201 amount in requested year bald 2017 2018 2019 2020 2021 fro please discuss required improvements and estimated costs	N/A		If no please list required change	Proposed Funding Source	Please provide estimate of increase or decrease operating costs.	If Yes please explain how this was funded and current status	Replace NOFD Fire Stations Driveways that will not support their fire trucks	s estimated that 20-25 NOFD Fires Houses	Council District	Does the request meet the General Obligation Bond requirement?	Is a Land acquisition needed? (Y/N)	Department Priority Ranking	all a	Capital Budget Request Form
e Project? 2017, 2018, 2019, 2020 or 2021? Enter requested year below. \$ 355,000.00 \$ 355,000.00		,		Bond Funds			port their fire trucks .	hose weight is in excess of 30,000 pounds. It is estimated that 20-25 NOFD Fires Houses will not properly support large fire trucks t without d		Yes	No	5	ment	

Project Name Replace NOFD Fire Stations Driveways Cattogories Public Health and Safety Project and Safety Project and Safety Project and Safety Coperating Budget Coperating Budget Coperating Budget  Relation to dopted Plans Relation to dopted Plans Benefity Cost Scheduling Scheduling Scheduling Scheduling Potential for Duplication Potential for Duplication  Avoidability of Financing	3 Department Prority Ranking Score  2 2 6 6 3 3 9 9 5 2 6 5 3 9 9 7 2 6 6 7 3 9 9 7 3 9 9 7 3 9 9 7 450
Special Need	
Entergy Consumption  Timeliness/ External  Public Support  Stormwater Management  TOTAL Ranking	

Is the surrounding infrastructure (i.e. utilities, road network) sufficient to support the intended use of the project?	What Benefit(s) will be provided to Public from this project?	Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	Please discuss how the project conforms to objectives and recommendations of the Master Plan:	Does this project fall in line with the current Zoning requirements	Estinated Cost of Project, (include Design, Construction, Testing, Contingency, etc.)	Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	Has an Architect or Engineer prepared drawings for this project?	Five Year Summary	Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Project Address	Will this project be a permanent immovable improvement?	Project Type	Projet Name	Agency Number	
Yes	Public Safety			Yes	\$ 250,000.00	No	No	Providing fo	apparatus heaters at NOPD Fire Stations that	Citywide NOFD Fire Stations	Yes	Equipment	NOFD Apparatus Heaters	450	Capital Bu
If no please discuss required improvements and estimated costs	For what year are you requesting the amount in 2017 2018 2019 2019	N/A	,	If no please list required change	Proposed Funding Source	Please provide estimate of increase or decrease operating costs.	If Yes please explain how this was funded and current status	Providing funding to replace heating apparatus units at NOFD Fire Stations.	are required to heat and prevent fire truc	Council District	Does the request meet the General Obligation Band requirement?	Is a Land acquisition needed? (Y/N)	Department Priority Ranking	Department Name	Capital Budget Request Form
	requesting the Project? 2017, 2018, 2019, 2020 or 2021? Enter amount in requested year below.  \$ 125,000.00 \$ 125,000.00				Bond Funds			t NOFD Fire Stations.	apparatus heaters at NOPD Fire Stations that are required to heat and prevent fire truck(s) equipment from failing or delay in operating due t		Yes	No	6	Property Management	· · · · · · · · · · · · · · · · · · ·

Particular State   Property Data State   P	Capital Budget	Capital Budget Request Priority Rating Form
Project State   Project Stat	Agency Number	Department Name
Productions	Project Name NOFD Apparatus Heaters	Department Priority Ranking
	Sating	alos (
Foregrand Perjudication of Campital Strains  Converting Studies of Campital Strains  Converting Studies of Perjudication	d Safety	
Description of Capital Street   3   9     Excreme Development   3   9   9     Excreme Development   3   9   9     Capital monoistic and by Project   3   9   9     Capital monoistic and by Capital mo	External Requirements	
Contracting Standard   Contracting Standard	Protection of Capital Stock	
Unit Expectation of Project   3   9   9	Economic Development	
Unit   Executions of Project   3   9   9	Operating Budget	
Relation to displacification Secreted by Project 3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Life Expectancy of Proje	
Relation to depried Plana   3   9   9		
Schrichtling   3   9   9   9   9   9   9   9   9   9	Relation to dopted Plans	
Scheduling Potential for Duplication Aboliability of Financing  Aboliability of Financing  Special Meed  Special Meed  Should Support  Public	4	
	Scheduling	
	Benefit/Cost	
3 3 6 6 6 9 6 9 6 9 9 9 9 9 9 9 9 9 9 9	Potential for Duplication	
Special Need  Entergy Consumption  Timeliness/ External  Public Support  Stormwater Management  COTAL Ranking	4.11	
Entergy Consumption 2 Timeliness/ External 2 Public Support 3 Anvironmental Quality and 3 Stormwater Managament 2	ž	
Timeliness/External 2  Public Support 3  Naromental Quality and 5  Stormwater Management 2	rgy Consum	
Public Support  stormwater Management  TOTAL Ranking		
Stormwater Management 2 Stormwater Management 2 TOTAL Ranking	Public Support	
guistura	Environmental Qual Stormwater Wanag	
	Ranking	;

What Benefits) will be provided to Public from this project?  Public from this project?  Is the surrounding infrastructure(i.e. utilities, road retwork) sufficient to support the intended use of the project?	Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	Please discuss how the project conforms to objectives and recommendations of the Master Plan:	Does this project fall in line with the current Zoning requirements	Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	Will this project increase your department's surrent operating expenses? (i.e. require additional staff, maintenance, utilities)	Has an Architect or Engineer prepared drawings for this project?	Five Year Summary	Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Project Address	Will this project be a permanent immovable improvement?	Project Type	Project Name	Agency Number	
New HVAC System(s)			Yes	\$ 250,000.00	No	No		Rep	225 Morgan St., Algiers Point New Orleans, LA	Yes	Equipment	Replace HVAC System(s) at Algiers Carriage Ho	450	
For what year are you requesting the Project? 2017, 2018, 201 amount in requested year below.  2017 2018 2019 2020 2021 If no please discuss required improvements and estimated costs	N/A		If no please list required change	Proposed Funding Source	Please provide estimate of increase or decrease operating costs.	If Yes please explain how this was funded and current status	Provide funding to replace HVAC system(s)	Replace existing HVAC System(s) at Algiers Carriage House	Council Bistrict	Does the request meet the General Obligation Bond requirement?	Is a Land acquisition needed? [Y/N]	Department Priority Ranking	Department Name	Capital Budget Request Form
e Project? 2017, 2018, 2019, 2020 or 2021? Enter Trequested year below.		,		Bond Funds			:m(s)	rriage House	C.	Yes	No	7	Property Management	

	Property Management	7	Score	6	9	9	9	ø	σ	, o	· c	റ ത	9	6	E		6	6	9	. 6	9	2513
	450 Department Name Pr	Department Priority Ranking		m	2	2	2	m	a	) en		i m	2	m	п		m	m	2	m	2	77
Capital Budget I		Replace HVAC System(s) at Algiers Carriage Hc	Rating	M 6.76			1			yett							No.				2 4	
	Agency Number	Project Name	Categories	Public Health and Safety	External Requirements	Protection of Capital Stock	Economic Development	Operating Budget	Life Expectancy of Project	ercent of Population Served by Proj	Relation to dopted Plans	Intensity of Use	Scheduling	Benefit/Cost	Potential for Duplication	Availability of Financing	Special Need	Entergy Consumption	Timeliness/ External	Public Support	Environmental Quality and Stormwater Management	TOTAL Ranking

Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	What Beineflits) will be provided to Public from this project?	Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	Please discuss how the project conforms to objectives and recommendations of the Master Plan:	Does this project fall in line with the current Zoning requirements	Estimated Cast of Project: (include Design, Construction, Testing, \$  Contingency, etc.)	Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	Has an Architect or Engineer prepared No drawings for this project?	five Year Summary	Detailed Summary, Include Scope of work, parking requirements, landscaping, etc.	Project Address 5	Will this project be a permanent Your immovable improvement?	Project Type E	Project Name	Agency Number	The state of the s
155				15	300,000.00		6		Replace sprinkler system on 2nd and	545 St. Charles Avenue	Yes	Equipment	Gallier Hall Sprinkler System Replacement 2nc	Capital Bud	The state of the s
If no please discuss required improvements and estimated costs	For what year are you requesting the Project? 2017, 2018, 2019, 2020 or 2021? Enter amount in requested year below.  2017  2017  2010  2020  5  2021	N/A	Conforms to objectives	) If no please list required change	Proposed Funding Source Bond Funds	Please provide estimate of increase or decrease operating costs.	If Yes please explain how this was funded and current status	Updated sprinkler system at Gallier Hall	Replace sprinkler system on 2nd and 3rd floors at Gallier Hall and include in project cost engineering and contingency fees.	Council District C	Does the request meet the General Yes Obligation bond requirement?	Is a Land arquistion needed? (Y/N) No	Department Priority Ranking	Capital Budget Request Form  450  Department Name Property Management	

	Property Management	σ.	Score		6	9	6	6	თ	6	9	6	9	6	6		8	6	9	6	9	865
Capital Budget Request Priority Rating Form	450 Department Name	Department Priority Ranking		m	m	2	m	m	m	m	2	m	2	m	m	,	1	m	7	8	2	46
Capital Budget		Gallier Hall Sprinkler System Replacement 2nc	Rating Property and Property an																			
	Agency Number	Project Name	Categories	Public Health and Safety	External Requirements	Protection of Capital Stock	Economic Development	Operating Budget	Life Expectancy of Project	Percent of Population Served by Project	Relation to dopted Plans	intensity of Use	Scheduling	Benefit/Cost	Potential for Duplication	Availability of Financing	Special Need	Entergy Consumption	Timeliness/External	Public Support	Environmental Quality and Stormwater Management	TOTAL Ranking

u.		